

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51	/		
2							52		/	
3							53		/	
4							54		/	
5							55		/	
6							56		/	
7							57		/	
8							58		/	
9							59		/	
10							60		/	
11							61		/	
12							62	/		
13							63		/	
14							64		/	
15							65		/	
16							66		/	
17							67		/	
18							68		/	
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33	/						83			
34			/				84			
35			/				85			
36			/				86			
37			/				87			
38			/				88			
39			/				89			
40			/				90			
41			/				91			
42			/				92			
43			/				93			
44			/				94			
45	/						95			
46			/				96			
47			/				97			
48			/				98			
49			/				99			
50			/				100			
TOTAL IND.	41						TOTAL IND.			
TOTAL DEP.	32						TOTAL DEP.			
TOTAL CLAIMS	36						TOTAL CLAIMS			